



## Special Apparatus - Occupational Therapist Recommendation Acknowledgement of Understanding

The Board offers transportation to students within the System, for a number of programs and using a variety of vehicles. For some high needs students, additional measures may be considered to provide safe transportation. This form is to recognize that some vehicles must be adapted in order to provide the safest possible environment.

As a result, please be advised that my \_\_\_\_\_ (child) will be transported using the following special apparatus: \_\_\_\_\_ (please specify), which has been approved by the school based / private Occupational Therapist.

Student Name:

Telephone:

Address:

School:

Grade:

Age:

### Occupational Therapist

Name:

Organization:

Due to \_\_\_\_\_ the above mentioned student should be transported using the following  
(specific medical condition)  
apparatus: \_\_\_\_\_ (please specify).

Reason for recommendation:

☐ The OT written recommendation has been provided to the school.

Name of Occupational Therapist:

Phone Number:

Signature of Occupational Therapist:

Date:

### Parent(s)/Guardian(s)

I acknowledge that I understand and agree to the use of the above-noted apparatus to assist in the safe transportation of my child while being transported.

Name of Parent/Guardian:

Date:

Signature of Parent/Guardian:

***If this Acknowledgement of Understanding is not signed, responsibility for transporting the student shall rest with the legal guardian.***

Approved Medical Forms are valid only for the current school year. Where the service is required from one school year to the next, a new medical certificate is required. This information is collected under the authority of the Education Act for the purpose of transportation and is retained for one year. It will be retained in the Documentation File of the OSR for the current and previous school years. It is to be used by supervisory officers, the manager and staff of the Student Transportation Services and made available for Ministry of Education officials for audit purposes.

ORIGINAL: OSR COPIES: 1. Special Education Department 2. STSCO

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